MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 312 #12758828 SL#21857 Primary Registration District No. 1003 Registrar's No. 9348

-62-036606
STATE FILE NUMBER

FILED OCT 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, ST. LOUIS, MO.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: SULLIVAN
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R. R. # 2
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First EARLE Middle T. Last PUHSE

4. DATE OF DEATH: Month SEPTEMBER Day 26 Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 3/10/15

9. AGE (Last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (City and state or country): GRANITE CITY ILL.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLES PUHSE

13b. MOTHER'S MAIDEN NAME: GERTRUDE RYCKMAN

14. NAME OF HUSBAND OR WIFE: FLORENCE PUHSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of servi: WW 2

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: FLORENCE PUHSE SEE 20

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): GLIOMA OF PONS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 1930
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/24/62 to 9/26/62 and last saw him alive on 9/26/62
Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ira M Dushoff M. D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 9/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 9-29-62

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR ADDRESS: Mercer Funeral Home Granite City, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 28 1962

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ____, Student Embalmer No.__________

working under my personal supervision.

Student________________________________ Signed Winston C. Williams
Signature of Student Embalmer

Licensed Embalmer No. 5016

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.